

# Application for Certified Copy of Birth Certificate

**KIOWA COUNTY PUBLIC HEALTH**  
**P.O. Box 414**  
**1309 Maine Street**  
**Eads, CO**  
**Phone (719) 438-5782**

**FEES: \$17.75 FOR ONE COPY & \$10.00**  
**FOR EACH ADDITIONAL COPY OF THE**  
**SAME RECORD ORDERED AT THE SAME TIME.**  
**NO CHECKS ACCEPTED.**

**Applicant Information**

**Current ID**

Print name of person making request				Reason for request
Mailing Address	City	State	Zip	Daytime Phone
Physical Address	City	State	Zip	Aft. Phone Number
Pursuant to Colorado Revised Statutes, 1982, 25-2-118 and as defined by Colorado Board of Health Rules and Regulations, applicant must have a direct and tangible interest in the record required. The penalties for obtaining a record under false pretenses include a fine of not more than \$1,000.00, or imprisonment in the county jail for not more than one year or both such fine and imprisonment (CRS 25-2-118) <b>PLEASE RETURN YOUR REQUEST WITH A PHOTOCOPY OF YOUR DRIVER'S LICENSE, STATE ID, OR PASSPORT.</b>				
By signing below, I have read and understood that there are penalties for obtaining a record under false pretense.				Today's date

**What is your relationship to the person of birth record?**

- |  |  |
|--|--|
| <input type="checkbox"/> Person named on the certificate     | <input type="checkbox"/> Adult child or grandchild of the person                               |
| <input type="checkbox"/> Parent                              | <input type="checkbox"/> Stepchild   |
| <input type="checkbox"/> Grandparent                         | <input type="checkbox"/> Legal Guardian  |
| <input type="checkbox"/> Stepparent                          | <input type="checkbox"/> Legal representative of any of the above                              |
| <input type="checkbox"/> Sibling                             | <input type="checkbox"/> Genealogist representing family members, with appropriate credentials |
| <input type="checkbox"/> Spouse (Proof of marriage required) |  |

**Birth Record Information**

Information about person whose birth certificate is being requested -- please type or print. If adopted, provide adoptive information and see special serve on other side.

Subjects First Name	Middle Name	Last Name on Birth Record
Subjects Date of Birth (mm/dd/yyyy)	Is this person deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, date: ___/___/___ State where death occurred: _____ <i>Please provide a certified copy of death certificate</i>	
Place of Birth	City	County      State
		CO
Father's First Name	Father's Middle Name	Father's Last Name
Mother's First Name	Mother's Middle Name	Mother's Maiden Name

**Official Use Only**

Counter / Mail (Include Shipping Method)

Form of ID: \_\_\_\_\_

ID Information: \_\_\_\_\_

Number of Copies: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

SF# \_\_\_\_\_

SL# \_\_\_\_\_

Issue by \_\_\_\_\_ Spec. Fee \_\_\_\_\_

Previous issued copies \_\_\_\_\_